

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Union</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Cape Girardeau</b>		Length of stay in 1b <b>1 Day</b>	c. CITY OR TOWN <b>Anna</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Pearl</b> Middle <b>Estell</b> Last <b>Hunsaker</b>			4. DATE OF DEATH Month <b>May</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3.13.1902</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Dongola Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Daniel Lynn</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Rollie Hunsaker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Rollie Hunsaker Anna Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Brain hemorrhage</b> DUE TO (c) <b>Brain concussion</b>					<b>Approx 6 1/2 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Thrown from auto and hit head on pavement. Auto accident</b>			
20c. TIME OF INJURY Hour <b>Approx. 1:30 P.M.</b> Month, Day, Year <b>5/4/60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>William St. Cape Girardeau, Missouri</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Cape Girardeau, Missouri</b>			
21. I attended the deceased from <b>5/4/60 1:30 p.m.</b> and last saw her/him alive on <b>5/4/60</b> Death occurred at <b>8:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE (Degree or title) <b>R. M. Stevenson, D.O.</b>			21b. ADDRESS <b>202-08 Hirsch Bldg. Cape Girardeau, Mo.</b>		21c. DATE SIGNED <b>5/1-5-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5.7.1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anna Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Anna Ill.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Crain Norris Anna Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>5-7-60</b>	26. REGISTRAR'S SIGNATURE <b>Irene Kasten</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 10 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision:

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Neil W. Crossbridge*

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.